



Corrective Action Plan Verification Form

Source of Hazard Identification:

Audit ☐ A/I Investigation ☐ Safety Committee ☐ Hazard Management ☐ Other

Date Identified:

CAP Number:

Location:

Description of Finding(s):

Proposed CAP(s):

Assigned Department/Person:

Planned Completion Date:

CAP Resolution:

Date Completed:

Meetings/Discussions:

Documentation Included:

On-site Verification Included:

HRT Safety and Security: (Sign/Date) _____

DEPT. _____: (Sign/Date) _____

Adopted/Closed by SSO: (Sign/Date) _____